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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Medicare recertification survey and complaint investigation survey conducted at your facility on May 19, 2010 through May 24, 2010, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. The census was 93 residents. The sample size was 21 sampled residents which included 5 closed records. The following complaint was investigated: Complaint #NV00025013 Substantiated (Tag F309) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	F 000		
F 154 SS=D	483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.	F 154		6/18/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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This REQUIREMENT is not met as evidenced by:
Based on record review, document review, and interview, the facility failed to ensure that 2 of 21 residents or their legal representatives (#5, #8) signed consents for treatment by the facility, and failed to ensure that 1 of 21 residents (#2) who signed consents understood the risks and benefits of treatment.

Findings include:

Resident #5

Resident #5 was admitted on 5/11/10, with diagnoses including mental retardation, hip fracture, hypothyroidism, and hypertension.

Review of the resident's record revealed that there was an unsigned Consent for Treatment form, with the resident's printed name and date of 5/10/10. The Clinical Director confirmed on 5/19/10, at 2:30 PM that the form was prepared for the resident to be signed upon admission, but a signature was never obtained. The Clinical Director stated, "The forms are supposed to be signed right away. If he doesn't sign, we call. I can see this is an issue."

The facility's "Informed Consent" policy, dated 2006, included the following procedures: The patient/resident or legal representative signs and dates form prior to the treatment/procedure being performed. The completed consent form is placed in the appropriate section of the patient's/resident's medical record."

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F 154	Continued From page 2 Resident #8 Resident #8 was admitted 5/12/10, with diagnoses including lumbosacral neuritis, hypertension, hyperlipidemia, hypothyroidism, depressive disorder, tremor, esophageal reflux, and rehabilitation procedures. There was no documented evidence the facility obtained a consent form for medical treatment for Resident #8. On 5/19/10, the Director of Nursing indicated that there was no medical treatment consent form for Resident #8. Resident #2 Resident #2 was admitted 5/5/10, with diagnoses including debility, hepatitis, adrenal disorder, end stage renal disease, hepatic encephalopathy, congestive heart failure, chronic ischemic heart disease, coronary atherosclerosis - vessel type, aortocoronary bypass post procedure status, diabetes mellitus - uncomplicated type II, hypertension, peripheral vascular disease, hypercholesteremia, thrombocytopenia, and rehabilitation procedures. The History and Physical Examination, dated 5/6/10, indicated the resident had altered mental status and stated, "The patient had evaluation by Harmony Healthcare, who said the patient is not competent to make her own healthcare decisions." The consent form for dialysis services was dated and signed by the resident 5/6/10. There was no	F 154		

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F 154	Continued From page 3 documented evidence the facility attempted to contact the resident's son to explain the risks and benefits of the treatment, sign the consent form, or have the resident re-evaluated for mental competence to ensure the resident was able to make healthcare decisions. The informed consent for restraint use was dated and signed by the resident 5/18/10. The form indicated the type of restraint was a tab alarm, to prevent patient from trying to get out of bed without assistance. There was no documented evidence the facility attempted to contact the resident's son to sign the consent form or have the resident re-evaluated for mental competence to ensure the resident was able to make healthcare decisions.	F 154		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the dignity of residents were maintained regarding the noise level, wheelchair transport, and garment covering for modesty. Findings include: 1. On 05/21/10 at 7:53 AM, the resident in room 119-B was lying on her right side facing the door with her hospital gown and bed sheets positioned	F 241		6/18/10

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F 241	Continued From page 4 on her upper thigh exposing her nude body from her abdomen to her knees. 2. From 05/19/10 - 05/24/10, throughout the survey, observed multiple residents who were being pushed by facility staff in a wheelchair. The wheelchairs did not have foot rests for the residents to rest their feet on during transport. The resident's had to lift their feet up off the ground, else their feet would slide on the floor while being transported around the facility. 3. On 5/20/10 in the afternoon, the male resident in Room #222 was observed sitting with his backside to the door. His gown was loose and exposed his buttocks. 4. On 5/20/10 during the group interview, the residents indicated the facility was noisy throughout the day and night with loud alarms and call bells and staff members laughing, talking loud and having loud outbursts.	F 241		
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, document review, and interview, the facility failed to ensure 2 of 21 sampled residents and group interviewed residents were provided with activities designed	F 248		6/18/10

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F 248	Continued From page 5 to meet their interests and psychosocial well-being (#5, #15). Findings include: Resident #5 Resident #5 was admitted on 5/11/10, with diagnoses including mental retardation, hip fracture, and hypertension. Review of the resident's record on 5/19/10 revealed there was an Activities Evaluation form, but it was blank. On 5/20/10, the resident was observed to be in a hunched position in bed and remained in his bed throughout the day, with the only activities occurring when meals were brought to his room. The television was observed to be back behind him (until this surveyor brought it to the attention of a nurse). The nurse asked the resident if he wanted to watch TV, and the resident responded, "Yes." The nurse further indicated the resident was not able to independently turn and adjust his body in order to watch the television at that angle and position. The Activities Assistant was interviewed on 5/20/10 at 4:00 PM, and she communicated that she completed an Activities assessment for Resident #5 on 5/18/10. The Activities Director was then interviewed, and the Director explained that an Activities evaluation should have been conducted within seven days of Admission. This timeframe, developed specifically for this short-term stay facility, had not been included in the facility's Activity Policies and Procedures, dated 2/2008.	F 248		

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F 248	Continued From page 6 Resident #15 Resident #15 was admitted to the facility on 5/15/10, with diagnoses including chronic obstructive pulmonary disease and atrial fibrillation. Record review revealed that an Activities Evaluation form had been completed for the resident on 5/20/10. Listed under current activity preferences were Bingo, cards, and exercise. The following note was included on the form by the Activities Assistant: "Short-term anticipated rehab stay. Independent cog (cognitive) skills...Staff will offer scheduled activities of choice and independent activities upon request." Resident #15 was interviewed on 5/24/10 at 10:45 AM. When asked what type of activities he enjoyed, the resident indicated he especially liked Bingo and playing cards. The resident was asked if staff had ever informed him of group activities (including Bingo as listed on the Activities calendar). The resident indicated that he had not been informed, but if asked, would like to participate in Bingo and cards. During the group interview on 5/20/10 at 10:00 AM, the residents indicated they were not informed of group activities each day, and if they had been asked to attend, they would have liked to have participated. One of the residents indicated she would like to attend activities in order to socialize and pass the time. One of the residents explained that the Activities calendar was far away on the wall and the print of the Activities calendar in her room was too small for her to read.	F 248		

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F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	F 309		6/18/10

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and document review, the facility failed to ensure a resident was not over medicated and transferred back to an acute care hospital for 1 of 21 sampled residents (#17) and failed to ensure medications were administered in accordance with the physician's instructions for 1 of 21 sampled resident (#8).

Findings include:

Resident #17

Resident #17 was admitted on 03/14/10, and transferred on 03/15/10, with diagnoses including spinal stenosis-lumbar, esophageal reflux, hypertension, and glaucoma.

The Hospital Medication Administration Record (MAR), dated 03/14/10 - 03/15/10, documented, "Oxycodone 20 mg (milligrams) every 12 hours." The MAR documented the Oxycodone was administered on 03/14/10 at 7:00 PM.

The Nursing Admission Interview and Assessment form, dated 03/14/10, documented

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F 309	Continued From page 8 the resident arrived at the facility at 11:00 PM. The facility Admission Orders, dated 03/14/10, documented, "Oxycodone 20 mg every 12 hours." The facility Medication Administration Record (MAR) for March 2010 documented, "Oxycodone 20 mg po (by mouth) every 12 hours." The Oxycodone was scheduled to be administered at 9:00 AM and 9:00 PM. The MAR documented the Oxycodone was administered on 03/14/10 at 9:00 PM and on 03/15/10 at 9:00 AM. The facility Daily Skilled Nurse's Note, dated 03/15/10, documented the following: - 9:30 AM: "All due meds were given...No complain any shortness of breath, nausea/vomiting or dizziness noted. No distress noted. Appetite poor...Resting in bed. Closely monitored." - 10:00 AM: "LPN (Licensed Practical Nurse) was called in pt. (patient) room by CNA (Certified Nurse Assistant)/family member. Family member asked LPN to check pt. LPN/RN (Registered Nurse) took VS (vital signs) 160/88 (blood pressure), 99.6 (temperature), 20 (respirations), 118 (pulse), 96%/2 liters...Pt. noted with lethargy, arousable but unable to focus and follow directions. MD (physician) was made aware." - 11:00 AM: "EKG (electrocardiogram) done as per MD ordered. EKG showed sinus tachycardia. MD made aware." - 11:30 AM: "IVF (intravenous fluid) was started by RN as per MD ordered. No distress but pt. still remains drowsy/lethargic." - 12:20 PM: "VS rechecked 150/70 (blood pressure), 97.3 (temperature), 116 (pulse), 85-96%/2 liters (oxygen saturation), 20	F 309		

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(respirations), RN made aware. MD made aware. Pt. able to be arousable but still remains drowsy/lethargic."
- 12:35 PM: "Narcan was given by RN as per MD ordered. Pt. came around and now alert with periods of forgetfulness. Able to answer MD questions by bedside but at times unable to recall details/history regarding self. No distress noted."
- 12:38 PM: "MD ordered VS every 15 minutes times 4."
- 12:45 PM: "VS rechecked: 180/88 (blood pressure), 98.8 (temperature(, 20 (respirations), 97%/2 liters (oxygen saturations), 114 (pulse). RN aware. MD aware."
- 1:00 PM: "174/86 (blood pressure), 98.6 (temperature), 20 (respirations), 96%/2 liters (oxygen saturations), 114 (pulse). Pt. remains alert. No distress noted."
- 1:15 PM: "160/82 (blood pressure), 99.1 (temperature), 20 (respirations), 116-120 (pulse), 94-95%/2 liters (oxygen saturations). Still alert but noted with forgetfulness."
- 1:25 PM: "154/76 (blood pressure), 95-96%/2 liters (oxygen saturation), 120 (pulse), 20 (respirations), 99.8 (temperature). Still alert but forgetfulness. RN aware. MD aware. No distress noted."
- 1:45 PM: "MD ordered for pt. to be transferred to (name) hospital nonemergent secondary to lethargy with tachycardia. No distress noted."
- 2:00 PM: "Paramedics came for pt. to be transferred to (name) hospital. Pt. remains alert, no distress noted, no shortness of breath, nausea/vomiting or dizziness noted. Family aware of transfer. RN aware. MD aware."

The facility Short-Stay Note, dated 03/15/10, documented, "...Around 11:00, I was notified that

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the patient was slightly lethargic and the patient was only able to arouse to sternal rub. During the evaluation of the patient, the patient was able to be awakened with sternal rub. It was felt that the patient's pain medications were too strong for the patient; therefore the patient was given fluids and on amp of Narcan. The patient was able to arouse...The patient kept falling back asleep. The patient was also noted to be tachycardiac. EKG (electrocardiogram) was obtained, which was significant for sinus tachycardia at 120 beats per minute...the patient was sent back to (name) hospital secondary to lethargy with tachycardia..."

The History and Physical Examination Addendum, dated 03/20/10, documented, "...At the acute hospital, the patient was found to have hypercapnic hypoxemia, and respiratory acidosis on admission..."

There was no medication administration record available documenting the Narcan and intravenous fluids were administered.

The PYXIS medication station report provided by the Director of Nursing (DON) on 05/21/10, documented Oxycodone was removed from the PYXIS medication station on 03/15/10, at 12:09 AM and 8:30 AM.

On 05/21/10 at 3:30 PM, the DON indicated the facility nurse would receive report from the transferring facility. The report would include what medications were given prior to the transfer.

On 05/24/10 at 8:10 AM, the DON indicated the licensed nurse should receive report from the transferring facility the last time medications were

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administered and to check the hospital medication administration records for the last time medication was administered, if available.

The DON indicated the licensed nurse administered the Oxycodone on 03/14/10 at 9:00 PM per the medication administration record. The PYXIS medication station report documented the licensed nurse removed the Oxycodone from the PYXIS station on 03/15/10, at 12:09 AM. The DON further indicated that the licensed nurse should have documented the actual time the Oxycodone was administered to the resident and the scheduled time for the medication administration should have been changed to 12:00 PM and 12:00 AM.

The DON confirmed there was no medication administration record documenting the Narcan and intravenous fluids were administered.

The resident was to receive Oxycodone 20 mg every 12 hours. The resident received Oxycodone 20 mg at the hospital on 03/14/10 at 7:00 PM. The resident received a second dose of Oxycodone 20 mg, five hours later, at the facility on 03/15/10 at 12:09 AM and received a third dose of Oxycodone 20 mg on 03/15/10 at 9:30 AM, 9.5 hours later. The resident was assessed to be lethargic with tachycardia and was transferred to the acute care hospital for further evaluation.

Complaint #NV00025013

2. Resident #8

Resident #8 was admitted 5/12/10, with

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diagnoses including lumbosacral neuritis, hypertension, hyperlipidemia, hypothyroidism, depressive disorder, tremor, esophageal reflux, and rehabilitation procedures.

On 5/20/10 in the afternoon, during a family interview, Resident #8's spouse indicated the resident had not been given her the prescribed medication for tremors a few times by the staff. He further indicated Resident #8's hand and legs shaking were very uncomfortable for Resident #8.

The Medication Administration Record (MAR) for the month of May, 2010 indicted there were was no documented evidence the Primidone, 100 mg (milligrams) po (by mouth) TID (3 times daily) was administered in the morning (6:00 AM dosages on 5/17/10 and 5/18/10. Additionally, the MAR for the following medications had multiple dates of which there was no documented evidence the facility administered them:

-Lisinopril, 20 mg per day, was not documented as being administered on 5/15/10 and 5/16/10.
-Lovastatin, 20 mg po 6:00 PM, was not documented as being administered on 5/15/10.
-Verapamil SR 180 mg q (each) day, po, was not documented as being administered on 5/15/10.
-MVI (Multivitamins), 1 po q day, was not documented as being administered on 5/15/10.
-Atenolol, 50 mg po q day, was not documented as being administered on 5/15/10.
-Prozac, 50 mg, was not documented as being administered on 5/15/10.
-Levothyroxine, 50 mcg (micrograms) po q day, was not documented as being administered on 5/15/10.
-Fragmin, 5000 units SQ (subcutaneously) q 24

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F 309	Continued From page 13 hours, was not documented as being administered on 5/15/10.	F 309		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on interview, record review and document review, the facility failed to ensure a nutritional assessment was initiated per facility policy for 1 of 21 sampled residents (#10). Findings include: Resident #10 was admitted on 05/11/10, with diagnoses including acute frontal lobe cerebrovascular accident, hypertension, atrial fibrillation and urinary tract infection now resolved. The facility Skin Risk Analysis & Interventions form, dated 05/11/10, documented the resident was underweight. The Medication Administration Record (MAR) for	F 325		6/18/10

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F 325	Continued From page 14 March 2010, documented Megace 400 milligram (mg) twice a day was started on 05/15/10. The Food and Beverage Preference List was completed by the Dietary Services Manager on 05/14/10. There was no documented evidence of the initiation of a nutritional assessment/evaluation completed within 7 days after the resident's admission. The facility "Nutritional Assessment/Evaluation" policy, dated 10/2009, documented, "...1. The NSD (Nutrition Services Director) or DTR (Dietetic Technician, registered) utilizes the Facility Nutritional Assessment/Evaluation form to initiate an assessment of each patient's/resident's nutritional status, problems, needs and capabilities. (See Data Collection/Evaluation Nutritional form #CP1708 or CP#1714 for tube fed resident)...4. The NSD or DTR initiates the evaluation form within seven days of admission for all patients/residents. Facility's RD (Registered Dietitian) completes the nutritional assessment at his/her next facility visit..." On 05/24/10 in the afternoon, the Dietitian indicated the 14 day nutritional assessment was due by 05/25/10. The Dietitian indicated the Data Collection/Evaluation Nutritional form CP#1708 was not initiated by the NSD, DTR or the Dietitian within 7 days of the resident's admission per facility policy.	F 325		
F 368 SS=E	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at	F 368		6/18/10

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F 368	Continued From page 15 least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below. The facility must offer snacks at bedtime daily. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, the facility failed to ensure snacks were offered at bedtime daily. Findings include: During a group interview on 5/20/10 at 10:00 AM, one resident indicated she was not made aware that bedtime snacks were available. She further indicated she would like to be offered bedtime snacks. During a resident interview with Resident #15 on 5/24/10 at 10:45 AM, the resident also related that snacks were not offered at bedtime every day. The Dietary Manager was interviewed on 5/24/10	F 368		

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F 368	Continued From page 16 at 11:15 AM. The Dietary Manager explained that the kitchen prepares bedtime snacks for residents daily, and for diabetic residents, snacks are labeled with the individual's name and room number. Nursing is responsible for retrieving the cart from the kitchen every evening and distributing the snacks to the residents. The Dietary Manager communicated that the cart is brought back to the kitchen full three to four times a week, indicating that the snacks have not been passed out to the residents. "We end up throwing a lot of food away. Even the diabetics don't get their snacks."	F 368		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, the facility failed to ensure food was stored and distributed under sanitary conditions. Findings include: A tour of the kitchen at 8:10 AM on 5/19/10, revealed that a pan holding defrosting pork was improperly placed on the shelf above some	F 371		6/18/10

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F 371	Continued From page 17	F 371		

cabbage in the walk-in refrigerator. There was also re-wrapped ham and an opened container of cottage cheese which were undated.

According to the facility's "Food Safety in Receiving and Storage" policy, dated 10/2009, "Store cooked and ready-to-eat foods above raw foods in the refrigerator to prevent cross-contamination...Refrigerated, ready-to-eat PHF (potentially hazardous foods) are properly covered, labeled, dated. The day of preparation or day original container is opened shall be considered day 1. Discard after three days unless otherwise indicated."

Another kitchen policy, entitled, "Sanitation and Food Safety in Food Service," dated 10/2009, outlined the following procedure: "The Sanitation Review is completed monthly by the Dietitian, and copied to the Administrator. The NSD (Nutrition Service Director) also completes the form at least monthly. The NSD/Dietitian reviews and evaluates the data collected and determines the plan of action necessary to resolve any problems identified." There was no evidence that the Sanitation Review form was being completed monthly by either the Dietitian or the NSD.

The Diet Tech (Dietary Technician) indicated that he conducted monthly reviews, but did not document his findings on the form. The NSD communicated that it was her understanding that only the Dietitian or Diet Tech was responsible for completing the Sanitation Review form.

On the 200 Hall medication (med) cart on 5/19/10 at 3:00 PM, an opened container of a Med Plus high-protein, high-calorie nutritional supplement

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F 371	Continued From page 18 was observed next to a bag of melted ice. A temperature check of the product revealed it was 64.5 degrees Fahrenheit (F). There was a handwritten date on the container, but not a time of opening. The instructions on the container indicated that the supplement was to be refrigerated after opening, and that the product contained milk and soy ingredients. The med pass nurse related that he opened the container at 10:00 AM during the morning med pass. The Clinical Director, who was present during this observation, confirmed that the supplement should have been labeled with the time of opening, and the unused portion put into the refrigerator.	F 371		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425		6/18/10

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F 425	Continued From page 19	F 425		

This REQUIREMENT is not met as evidenced by:
Based on record review, policy review, and interview, the facility failed to: 1) develop policies to ensure each resident received a timely review of their medication regimen; and 2) establish mechanisms to address and resolve medication issues/irregularities.

Findings include:

A review of the facility's policies for pharmaceutical services revealed that there were no policies addressing how the facility and consultant pharmacists would collaborate to identify, communicate, and resolve medication issues for the majority of residents who stayed in the facility for less than one month. There were no specific procedures pertaining to the expected time frames for conducting resident medication regimen reviews, or how the pharmacist would address the irregularities, report the findings to the physician, or document the results of the review.

The Director of Nursing (DON) and consulting pharmacist were interviewed together on 5/20/10 at 1:15 PM. The DON communicated that the facility had policies in place related to monthly regimen reviews, but she indicated that those policies had been created for long-term stay residents. The DON acknowledged that by the time monthly medication reviews were conducted by the pharmacist, most residents were already discharged from the facility. The DON confirmed

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F 425	Continued From page 20 that the facility did not have policies related to pharmacy services and short-term stay residents. When asked what she thought were the consultant pharmacist's responsibilities, the DON stated, "His job is to review (medication) orders on all residents." The DON acknowledged that she was not aware of any documentation related to which orders were reviewed by the pharmacist or the outcome of the reviews. The consulting pharmacist was asked about his visits to the facility three times a week. The pharmacist indicated that he reviewed the medication orders for newly admitted residents and wrote orders for antibiotics if requested by the physician. The pharmacist acknowledged that he did not keep a record of which medication regimens he reviewed during his visits, what the findings were, or to whom the findings were reported. According to the facility's "Pharmaceutical Services: Supervision" policy, dated 2006, the consulting pharmacist's responsibilities were to include performing a review of each resident's drug regimen, verifying that an account of all controlled drugs is maintained, confirming that drugs are properly labeled, reporting in writing to the attending physician, the Medical Director, the Director of Nursing and the Administrator any irregularities identified during the pharmacy reviews, and reporting to the Performance Improvement Committee at least quarterly on the status of the pharmaceutical services and staff performance.	F 425		
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed	F 428		6/18/10

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F 428	Continued From page 21 pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review, policy review, and interview, the facility failed to ensure all physician orders included diagnoses or clinical indications to support the use of medications. Findings include: Review of resident records and medication administration records (MARs) revealed a pattern whereby medication orders did not include the diagnoses or indications for use of the medication. The facility's "Medication Management Program" policy, dated 3/2006, included the following procedures: "In the event that more than nine medications, including over-the-counter and PRN (as needed) medications are ordered, nursing and pharmacy services will document specific reason(s) for its use in the patient/resident record." The policy further indicated that MARs were to include "documentation of the patient's/resident's diagnosis for medications ordered." The DON acknowledged that while nursing staff	F 428		

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F 428	Continued From page 22 noted diagnoses for PRN (as needed) medications, they did not always document diagnoses/indications for routine medications.	F 428		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431		6/18/10

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This REQUIREMENT is not met as evidenced by:
Based on observation, interview and document review, the facility failed to ensure drugs were properly dated and discarded per facility policy.

Findings include:

1. On 05/21/10 at 3:15 PM, observation of Station I medication room with the Clinical Director revealed, 1 vial of Tuberculin (PPD (purified protein derivative) for Mantoux skin test) was opened on 04/12/10 and 1 vial of Tuberculin was opened and undated.

On 05/21/10 at 3:15 PM, the Clinical Director indicated the vial of Tuberculin was good for 30 days once opened. The vial dated 04/12/10 should have been discarded on 05/12/10, and the opened and undated vial should have a date on the vial.

2. On 05/21/10 in the afternoon, observation of Station II medication room with a licensed nurse revealed, one 20 milligram/2 milliliter vial of Famotidine was opened and undated in the refrigerator.

On 05/21/10 in the afternoon, the licensed nurse indicated Famotidine was a single dose vial and the opened vial should not be in the refrigerator.

On 05/21/10 in the afternoon, observation of Station II medication room with a licensed nurse revealed, one vial of Tuberculin was opened and undated in the medication refrigerator.

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F 431	Continued From page 24 On 05/21/10 in the afternoon, the licensed nurse indicated the vial of Tuberculin was good until the expiration date located on the bottle. The Pharmacy "Medication Storage in the Facility" policy, dated 04/2003 and revised on 05/2006 and 03/2010, documented, "...11. Multi-dose containers may be used up to 28 days after opening the vial. Each vial will be dated and initialed upon opening of the vial. (including all Insulin preparations, vaccines and PPD preparations)..." The facility "What You Need to Know, Medication Management, Guidelines for Disposal of Topical Solutions and Injectables" policy, dated 10/2008, documented, "...E. Multi-dose injectable vials...5. Discard vials...PPD: 30 days..." On 05/21/10 in the afternoon, the Director of Nursing indicated the multi-dose vial should be dated when opened and discarded after 28 days. On 05/21/10 in the afternoon, the Director of Staff Development/Infection Control Preventionist indicated the multi-dose vial should be dated when opened and discarded after 28 days.	F 431		